

POSITION	ID NO.	DATE
CLASSIFIER	7	4/7-94
EXAMINER	354	4-18-94
TYPIST	3A	10/15
VERIFIER	258	6/15
CORPS CORR.		
SPEC. HAND	4-7-12	6-10-94
FILE MAINT.	431	4-15-94
DRAFTING		

## INDEX OF CLAIMS

Claim	Final	Original	Date
1	/	/	7-22-94
2	/	/	8-1-94
3	/	/	5-5-94
4	/	/	5-7-94
5	/	/	5-7-94
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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